

C B A D P

2004

Codes of Ethics and Standards of Practice of the Certification Board for Alcohol & Drug Professionals

The South Dakota Certification Board for Alcohol and Drug Professionals (CBADP) operates within legislative guidelines of the State of South Dakota under the auspices of the South Dakota Department of Human Services.

The CBADP purpose is to protect the public through the development and establishment of generally accepted standards of professionalism and competence to be used in the certification and recognition of addiction professionals in South Dakota. The CBADP strives to use valid and reliable national examinations in the certification process and to advance the profession through the promotion and offering of professional development opportunities, advocacy, and by providing a reciprocity process for addiction professionals in South Dakota.

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PART I: CBADP CODE OF ETHICS / SOUTH DAKOTA

CBADP Preamble for Substance Abuse and Prevention Specialists Codes of Ethics and Standards of Practice

The Certification Board for Alcohol Drug Professionals (CBADP) in South Dakota serves to set and enforce the standards necessary to provide protection to clients of substance abuse services, prevention services, gambling services and criminal justice based substance abuse services. The CBADP seeks to provide entry-level standards and maintenance of competency for the specialized careers of treatment and prevention professionals. The CBADP is dedicated to recognizing the uniqueness of each person's potential, accepting the diversity within the citizens of South Dakota in all areas of ethnicity, disability, marital status, gender preference, creed, religion, and choices of legal behavior.

The CBADP ethical codes and standards for use by the public to identify appropriate behavior of current and future certified professionals and Board recognized Trainees. The CBADP advances ethical codes and standards to identify the ethical responsibilities of their profession. This code of ethics details and establishes, although not exhaustive, those principles that form the standards of ethical behavior of professionals certified by the Board. The Board also recognizes and will hold accountable members to the International Certification and Reciprocity Consortium Code of Ethics. These codes will set the basis for the reception of and processing of those allegations related to breeches of acceptable standards, practices, and behavior by individuals certified by this Board.

History and Effective Date

This version of the CBADP Code of Ethics/South Dakota was adopted by the Board and its promulgation is effective beginning July 1, 2004. Questions concerning the code can be directed to the CBADP office. This Code of Ethics and related Standards will be used to address complaints brought concerning alleged conduct occurring on or after the Code's effective date. Complaints regarding conduct occurring before the effective date of this code will be addressed in accordance with the Code of Ethics in effect at the time of the breach or violation.

Definitions:

1. "Board" refers to the South Dakota Certification Board for Alcohol and Drug Professionals.
2. "Board Professional" is used to describe any individual certified by this Board or recognized by the Board as having Trainee status. This is any individual providing chemical dependency services, gambling services within the scope of their certification with this Board, or prevention services.
3. Client and all consumers of services will be referred to as "Client." Client is any individual or organization who requests services (unless services are refused), contracts for services, or is in the process of termination or being terminated from services in Chemical Dependency or Prevention.

CBADP STANDARDS OF PRACTICE

- 1 Resolving Ethical Issues
- 2 The Relationship between Professional and Client
- 3 Confidentiality
- 4 Professional Responsibility
- 5 Relationships with Employers/Employees
- 6 Relationships with Other Professionals
- 7 Evaluation, Assessment, and Interpretation
- 8 Research and Publication

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- 1.03 Cooperation With Ethics Committees

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- 8.02 Informed Consent
- 8.03 Reporting Results
- 8.04 Agency Research and Publication
- 8.05 Publication

Standard 1. Resolving Ethical Issues

This standard addresses Board Professionals' responsibility for knowledge and understanding of the Code. The standard addresses responsibility for ethical behavior of colleagues and other agencies. The standard gives direction for action concerning potential violations of the Code, and informal resolution and guidance. Cooperation with other ethics committees is addressed. Finally, this standard discourages the filing of unwarranted complaints.

1.01 Board Professionals Knowledge of Code of Ethics and Standard of Practice

It is the responsibility of the Board Professional to be familiar with the CBADP Code of Ethics and the Standards of Practice. It is the responsibility of the Professional to be familiar with other applicable ethics codes from other professional organizations of which they are a member, or from certification and licensure bodies. Misunderstanding of an ethical responsibility or lack of knowledge of an ethical responsibility is not a defense against a claim of unethical conduct.

1.02 Management of Potential Violations

(a) Responsibility for Ethical Behavior of Colleagues. Board Professionals expect colleagues to adhere to the Code. When Board Professionals possess reasonable cause that raises doubts as to whether a Board Professional is acting in an ethical manner, they take appropriate action (See 1.02.d and 1.02.e). If a Board Professional learns that his or her work has been misused or misrepresented, the Board Professional takes steps to minimize or correct their work from being misused or misrepresented.

(b) Consultation with Other Professionals. When uncertain as to whether a particular situation or course of action may be in violation of the Code, Board Professionals consult with other professionals, colleagues or appropriate authorities, including the Board, who are knowledgeable about ethics.

(c) Conflicts with Other Agencies. If a conflict arises with an outside agency, Board Professionals are expected to specify the nature of such conflicts as related to the Code. To the extent feasible, Board Professionals try to resolve the conflict in a way that permits adherence to the code.

(d) Informal Resolution. When Board Professionals have reasonable cause to believe that another Board Professional is violating an ethical standard, they attempt to first resolve the issue informally with the other Board Professional if feasible, providing that such action does not violate confidentiality rights that may be involved.

(e) Reporting Suspected Violations. When an informal resolution is not appropriate or feasible, Board Professionals, upon reasonable cause, take action such as reporting the suspected ethical violation to state or national ethics committees, or to the appropriate institutional authorities. A Board Professional may consult with other professionals, colleagues, or outside agencies who are knowledgeable in ethical matters. This standard does not apply if such action violates the confidentiality rights of clients/consumers. Consultations with others are professional activities and require discretion during and after the consultation. There is not an expectation of disclosure of confidential information in a consulting activity related to a suspected violation.

(f) Improper Complaints. Board Professionals do not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted, made with reckless regard, or made as a willful attempt to avoid facts. Board Professionals do not file complaints with the intent to harm a Board Professional rather than to protect client or the public.

1.03 Cooperation With Ethics Committees

Board Professionals assist in the process of enforcing the Code of Ethics. Board Professionals cooperate with duly constituted professional ethics committees; not cooperating is unethical. This includes supplying information unless bound by the constraints of confidentiality. Board Professionals are familiar with the CBADP Code of Ethics and the Standards of Practice and use it as a reference in assisting in enforcement of potential code violations.

Standard 2. The Relationship between the Board Professional and Client

This standard directs the Board Professional to provide services to the client in a respectful and dignified manner. This standard directs Board Professionals on the ethical provision of services, on safeguarding the integrity of the service relationship and provides direction to ensure that the client has reasonable access to services. The standard directs the Board Professional in providing the client with necessary information so that the agreement between the Board Professional and Client is made in a professional and ethical manner, with limitations of interaction between the Board Professional and the client being identified. The standard identifies expectations of the Board Professional in regards to dual relationships, and in the case of a client who is involved in multiple relationships with other agencies. The standard describes remuneration activities, and termination/referral of clients. Finally, the standard addresses the use of computer technology with respect to client services.

2.01 Client Care

- (a) Primary Responsibility. The primary responsibility of Board Professionals is to provide services that promotes the well-being and welfare of the client and respects the dignity of all clients in regard to their presentation and current life stance. Board Professionals engage in activities that promote client positive growth and personal development within the client's emotional, intellectual, physical, cultural, and spiritual abilities.
- (b) Client Independence. Board Professionals serve to promote independence of clients in the service relationship, avoid the non-therapeutic fostering of client-professional dependency, and serve to move a client into autonomy. Board Professionals engage clients in the process of building and modifying structure within the professional relationship, devising methods for appropriate delivery of services, and offering assurances that are only within reasonable likelihood of success.
- (c) Systems Approach to Care. Professionals seek to identify and accept the multi-faceted components of the clients' environment and, when appropriate and therapeutically relevant, seek to include individuals, organizations, and significant persons in the relationship. Professionals promote those client activities that are appropriate within work, career, educational, and avocational environments of clients. Board Professionals recognize and identify realistic goals and aspirations that are bound by limitations of their clients' abilities.

2.02 Recognizing and Accepting the Uniqueness of Individuals and Needs of Individuals

- (a) Unfair Discrimination. Board Professionals adhere to a non-discrimination standard in regard to age, gender, gender identity, ethnicity, race, culture, national origin, sexual orientation, marital status, religious preference, socio-economic status, disability or any basis proscribed by law. (See 4.05a)
- (b) Recognizing Differences. Board Professionals will make all reasonable attempts to understand the variation between individuals, cultures, and groups in an effort to promote the growth and development of the client and to limit the manner in which a professional's background could have an undue impact within the client-counselor relationship.
- (c) Personal Needs. Board Professionals maintain the dignity of identifying the personal needs of the client as the primary focus in the relationship aside from fiduciary agreement. Board Professionals do not seek to place their own needs or gains in a manner that is at the detriment of a client.

(d) Personal Values. Board Professionals seek to identify their beliefs, attitudes, needs, wants, and values in manners that limit a negative imposition of the professionals' beliefs, attitudes, and values on a client.

2.03 Identifying Limits of Interaction

(a) Information to Clients. Clients, especially within a therapeutic relationship, should be informed of and agree to those interactions that affect the client's participation including purposes of the services, risks related to the services, limits to services, costs, reasonable alternatives, clients' rights to refuse services or withdraw consent, and time frames covered by consent.

(b) Right to Refuse Services. Clients have the right to refuse services without coercion or intimidation. In the case of clients who receive services involuntarily, the Board Professional should provide information about the nature and extent of services and also about the extent in which the client has the right to refuse services.

(c) Right to Engage in Services. Board Professionals support a client's right and freedom to engage in a relationship and recognize the limitations when the relationship is imposed or directed by legal authority. A Board Professional will serve to resolve conflict when involuntary relationships are present with the client and will utilize professional skills in conflict resolution to achieve consonance. A Board Professional will not threaten or coerce a client to remain in the relationship with the Board Professional, nor will the professional be the agent of coercion or threatening on behalf of an outside referent. In all cases, consent needs to be given for the relevant enrollment in the level of care or services.

(d) Client Consent. Consent is a prerequisite for a relationship unless a client is incapacitated. In instances where the client lacks the capacity to provide informed consent, Board Professionals seek consent from an appropriate third party or by able guardian or through the guidance offered by statute or cognizant legal authority. In the case of a minor, a Board Professional will seek guidance from State, Federal and published agency policy and procedure to secure informed consent from the minor and appropriate third party. The Board Professional will seek to ensure that the third parties act in a manner consistent with the clients' wishes and interests. In the instance where the client may not understand the primary language spoken or the client may not be literate, the Board Professional must seek to ensure the client's comprehension by providing accommodations whenever possible.

2.04 Clients Engaged in Multiple Relationships with Other Service Providers

(a) Board Professionals seek to maintain clear and open communication with other health or service delivery professionals providing services to clients. Agreements between Board Professionals and other persons providing services to a client is the standard of care and serves to avoid confusion and conflict in care, while engaging a client in all facets of care.

(See 4.05.c)

(b) Multiple Inter-related Clients in Counseling, Community, or Agency. Board Professionals will identify which of a group of clients will constitute the focus of the professional relationship status when a contact for services is fostered. Board Professionals will identify the client in a family setting (husband-wife, parent-child), network setting, or other setting. When it appears that conflict with roles takes place, Board Professionals will clarify and adjust their actions to provide services that are appropriate to the setting.

Documentation of these types of issues is considered ethical and appropriate.

2.05 Client/Professional Dual Relationships

(a) Board Professionals avoid dual relationships to the greatest extent possible. Examples of dual relationships include non-therapeutic relationships to family members of a client, services to persons in a social relationship with the Board Professional, business colleagues, or close personal friends. In these cases, the Board Professional's ability to be objective is compromised.

(b) Board Professionals do not accept as clients those persons who are in a direct subordinate or superior relationship, i.e. supervisor/trainee, or direct employee/employer. Board Professionals do not accept as a client those individuals where the Board Professional will need to render evaluations in regard to employment, promotion, salary, benefit, or grade.

(c) Rural Community Interaction. Board Professionals in rural communities take precaution to limit dual relationships or the appearance of dual relationships. An appearance of a dual relationship is one in which the client or the public perceives that a dual relationship exists. Professionals maintain a place in the community and need not sacrifice their own rights and freedoms to hold steadfastly to a perceived dual relationship standard. With respect to rural communities and small-town communities, a dual relationship may not be harmful and, in fact, may be beneficial to the Board Professional-Client relationship. In this instance, it will be the responsibility of the Board Professional to determine whether a dual relationship is 1) non-exploitive, and 2) non-harmful. (See 2.05.d and 2.05e.)

(d) When dual relationships of a non-exploitive nature exist, Board Professionals engage in consultation, supervision, provide appropriate documentation, and seek to secure such precautions as client-informed consent prior, if possible, to the relationship. It is considered appropriate to seek the counsel of the CDABP Board Ethics Committee if a dual relationship appears unavoidable. Dual relationships of an exploitative nature are considered unethical.

(e) Self-report of a dual relationship or other breach of ethics does not in and of itself provide for the finding of a breach of ethics, and at times, may be the most appropriate option available to a Board Professional.

(f) By the nature of sponsorships in many community-based recovery programs, Board Professionals do not engage in sponsoring their direct client in recovery programs.

(g) Board Professionals in certain emergency situations may be placed in a position to advise about the care of a person who would otherwise have constituted a dual relationship. In those cases the Board Professional should take appropriate action with the knowledge that they are not necessarily in violation of this section of the Code; in such a case, the emergency situation must be the boundary of the Board Professional's contact, limited to that emergency contact.

2.06 Sexual Intimacies and/or Contact with Clients

(a) Current or Past Relationships with Clients. Board Professionals do not enter service relationships with persons whom they have had a direct sexual or other sexually related intimacy either currently or in a past relationship. Board Professionals will not be party to a termination of a relationship so that a sexual or personal relationship with a client will follow.

(b) Sexual Exploitation of Current Clients. Board Professionals will not, under any circumstances, engage in direct sexual contact or other sexually related intimacy with current or former clients.

- (c) Former Clients. Board Professionals will not engage in sexual intimacies or undue familiar intimacies with a client within a standard or time following an appropriate termination of a relationship. Generally, contact with former clients within a minimum of two years following an appropriate termination is not considered appropriate. If a breach of ethics is alleged, the Board will review all relevant factors related to exploitation, duration and type of professional contact, time and duration of counseling, financial agreements and completion of financial responsibility, the impact on the client, relevant diagnostic considerations, and the manner in which termination was effected.
- (d) Former Clients/Marriage. Marriage to a client or former client does not alter the breach of ethics and is not considered a mitigating issue if an ethical complaint is brought forward.

2.07 Engaging Clients in Groups

- (a) Board Professionals screen group participants differently in counseling or therapy settings than in education or community information settings. Board Professionals who engage in Group Counseling or other counseling/therapy activities make attempts to select individuals who will benefit from the group activity, will foster growth in others at an appropriate time during group activity, and will not present physical, emotional, or other type of harm to group members.

2.08 Remuneration

- (a) Sliding Scale. Sliding Scale for determination of fees is ethical and appropriate.
- (b) Clients' Professional Understanding. Board Professionals have a set fee for type of services offered to clients. Clients should be given clear explanation of fees for the type(s) of services rendered. Financial arrangements should be made prior to the beginning of a professional relationship.
- (c) Secondary Billing. It is ethical and appropriate for a Board Professional to use a secondary billing/collection source in the course of practice as long as disclosure is made to a client and the secondary source has safeguards in place to protect the identity of the client.
- (d) Bartering for services. Bartering for services is generally discouraged. Bartering that is not reported in concert with State and Federal Statutes is considered inappropriate and unethical as well as illegal. Bartering to eliminate the need for a Board Professional's securing services from other providers of services or as a method that serves the Professional's needs is considered unethical and inappropriate.
- (e) Documentation of arrangements in a Bartering Situation. A Board Professional that barter for services should consider the ability of the client to pay for services in general. If a client cannot pay for services, documentation of arrangements should be detailed, written, and available in the chart of the client.
- (f) Gratis services/Pro-Bono Services. Gratis services or Pro-Bono services as a percentage of total services are considered acceptable and ethical except when the physical, psychological, and emotional well-being of the Board Professional is not maintained. Gratis services to a client do not negate the Professional from maintaining the requirements of relevant Code(s). A gratis client maintains status as a client at the same level as a client seeking services and making payment for services

2.09 Termination and Referral

- (a) Interruption of Services. Board Professionals do not abandon or neglect clients. Referrals and arrangements during periods of normal interruptions of services should take place.
- (b) Inability to Assist Clients. Board Professionals, when determined that services cannot be given to a client, make timely attempts to refer or find appropriate resource for the client. If a client and professional have a contract and the professional must terminate the relationship for just cause, refusal of the client to accept referral is not cause to continue in an inappropriate relationship.
- (c) Appropriate Termination. Appropriate termination occurs when one or more of the following conditions apply: (1) contract is complete; (2) it is clear that client is not benefiting and will not benefit; (3) services are no longer needed; and/or (4) client is no longer appropriate for a particular level of care or service. Termination shall always be determined by the counselor/therapist or agency rather than at the good or ill will of referring parties or parties that have oversight or input into the case management of the client. There may be circumstances where a Board Professional does not continue with contract, e.g. client does not pay for services, time-limited counseling in public/private agency, and/or discovered client needs are beyond the professional's ability to assist. Attempts will be made to refer client to an appropriate resource. (See 2.09.b)

2.10 Computer Technology

- (a) Use of Computers. Computers and corresponding software will be used when (1) the application benefits the client and is not used only for the ease of the professional; (2) it is appropriate for the needs of the client; (3) client has informed consent; (4) safeguards concerning computer-generated client information are in place; (5) computer-generated reports with signature lines prepared for professional are not patently unethical and may be unethical if they generate knowledge or conclusions that are made independently beyond the professional's ability.
- (b) Limitations. Board Professionals explain limits of computer-generated or enhanced services.
- (c) Board Professionals follow their agency guidelines for personal use of agency computers.
- (d) Access. Board Professionals provide equal access to services keeping in mind a client's protected or socio-economic status.
- (e) Databases and Confidentiality. Board Professionals ensure that the use of databases within and between offices has safeguards for the selection of single client information and that all persons who have access are cognizant of confidentiality, limits of confidentiality, and privacy.
- (f) Client Identifying Information on Computer. Board Professionals, when identification is required in network or shared databases that can be accessed outside of an agency or within business relationships, will not utilize a social security number as an identification of a client in a file that has access in a general-use computer.

Standard 3. Confidentiality

This standard addresses the client's right to privacy and ability to revoke said right to privacy. A client's right to confidentiality and information regarding potential breaches of that right are addressed, including disclosures, limitations, and explanations of disclosure and limitations. In the case of contagious and fatal diseases, the Board Professional's ability to disclose this information to a third party is described. The standard describes privacy and confidentiality with subordinates and describes the relationship between treatment teams and

clients with respect to maintaining confidentiality. Group and Family Counseling as special instances where confidentiality cannot be guaranteed is addressed. Confidentiality with respect to Minors or Clients who are not deemed competent to give voluntary, informed consent, as well as clients who are involuntarily receiving services is described. The ethical treatment of records, and information obtained or given through research and consultation is addressed.

3.01 Right to Privacy

- (a) Respect for Privacy. Board Professionals respect their clients' right to privacy and avoid illegal and unwarranted disclosures of confidential information.
- (b) Client Waiver. The client or his or her legally recognized representative might waive the right to privacy. Clients are informed of the time limit of consent and their right to revoke said consent.
- (c) Exceptions. The general requirement to keep client information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Board Professionals consult with other Board Professionals when in doubt as to the validity of an exception. Relevant State and Federal statutes identify the types of information that can be disclosed and under what circumstances information can be disclosed.
- (d) Contagious Diseases/Fatal Diseases. A Board Professional who receives information confirming that a client who knowingly conceals the presence of a disease that is commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party who by the relationship with the client is at a high risk of contracting the disease when the following conditions are met: (1) state statute identifies the infected person's failure to notify others of the disease is an adjudicable offense within a relevant statute; (2) there is consultation and appropriate documentation of consultation with other professionals, and (3) prior to making a disclosure the Board Professional should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See 3.01.c and 3.01.f.) Information disclosed must be in concert with relevant State and Federal statutes.
- (e) Court-Ordered Disclosure. When court ordered to release confidential information without a client's permission, Board Professionals request to the court that the disclosure not be required due to potential harm to the client or the therapeutic relationship. (See 3.01.c.) Board Professionals are cognizant of relevant State and Federal statutes in regard to confidentiality. A court order does not necessarily mandate that a counselor provide all information in the chart or used in the case and treatment management of a client.
- (f) Minimal Disclosure. When circumstances require the disclosure of confidential information, the minimum of information is revealed. To the extent possible, clients are informed before the confidential information is disclosed. (See 8.02.a.)
- (g) Explanation of Limitations. Board Professionals inform clients of the limitations of confidentiality at the beginning of the provision of services and describes those situations in which confidentiality must be breached. (See 8.02.a and 4.05.c.)
- (h) Subordinates. Board Professionals make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, trainees, clerical assistants, and volunteers. (See 3.01.a.)

(i) Treatment Teams and agency supervision of Trainees. If a client's treatment will involve a continued review by a treatment team, the client will be informed of the team's existence and composition. This includes informing the client about trainee status and review of the trainee's treatment and case management protocol by supervisors and the treatment team.

3.02 Groups and Families

- (a) Group Counseling. The fact that confidentiality cannot be guaranteed is clearly communicated to group members. Limits of confidentiality and difficulty with confidentiality are explained to a client prior to entering into a contract for group therapy.
- (b) Family Counseling. In family counseling, information received outside of a family therapy session about one family member cannot be disclosed to another member without the appropriate releases of information being in place. Board Professionals protect the privacy rights of each family member. (See 3.03.a, b, and 3.04.d.)
- (c) Board Professionals follow their agency or practice guidelines related to confidentiality appropriate for group or family participation.

3.03 Minor or Incompetent Clients

- (a) When providing services to clients who are minors or providing services to individuals who are unable to give voluntary, informed consent, third parties may be included in the counseling process when the Board Professional deems appropriate. Board Professionals act in the best interests of clients, based on their wishes and interests, and take measures to safeguard their confidentiality. (See 2.03.c.) Board Professionals act in concert with relevant agency policies, State and Federal statutes in regard to confidentiality with minors.
- (b) Parents, guardians, and other third parties that are included in the services may revoke consent at any time and revoke releases of information on behalf of their child or charge.

3.04 Records

- (a) Requirement of Records. Board Professionals maintain records necessary for rendering professional services to their clients as required by laws, regulations, or agency or institution procedures.
- (b) Confidentiality of Records. Board Professionals are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See 3.01.a.)
- (c) Permission to Record or Observe. Board Professionals obtain permission from clients prior to electronically recording or observing sessions. (See 2.03.a.)
- (d) Client Access. Board Professionals recognize that counseling records are kept for the benefit of clients and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See 2.07.a, 3.01.a, and 3.02.b.)
- (e) Disclosure or Transfer. Board Professionals obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Standard 2.01. The Board Professional ensures that records exchanged/forwarded to others are protected in the manner described by relevant federal law regarding disclosure. These records need to be identified as confidential.

All records with multiple client names, i.e. groups, must have all identifying information of other than the client redacted from all notes, plans and relevant documents. Patient numbers are acceptable ways of identifying individuals in group or multiple-person notations.

3.05 Research and Training

- (a) Anonymity of Data Required. Use of data derived from service relationships for purposes of teaching, training, research, or publication is only acceptable when said data is so that the individuals providing the data are anonymous. (See 3.01.g and 8.03.d.)
- (b) Agreement for Identification. Identification of a client for teaching or training purposes is permissible only when the client has reviewed the material and has consented to disclosure of the confidential information. (See 8.03.d.)

3.06 Consultation

- (a) Respect for Privacy. When consulting with other professionals the Board Professional should not disclose identifying information with other professionals unless the client has agreed to such disclosure or there is a compelling need for such disclosure. If written and oral reports present data relevant to the purposes of the consultation, the Board Professional makes every effort to protect client identity and avoid undue invasion of privacy. Relevant State and Federal statutes apply.
- (b) Cooperating Agencies and Qualified Service Organization Agreements. Before sharing information, Board Professionals make efforts to ensure that there are defined policies in other agencies serving the Board Professional's client that effectively protect the confidentiality of information. Relevant State and Federal statutes should be followed.
- (c) Electronic Transmission of Information. Board Professionals should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.
- (d.) Releases of information should be obtained when possible.
- (e.) Consultation should be documented in the chart and/or other relevant agency file.

Standard 4. Professional Responsibility

This standard addresses the Board Professionals ethical responsibilities as a Professional. Board Professionals must read and understand the Code and Standards of Practice. They should accept responsibility and employment only on the basis of their competence in their field of study and not misrepresent themselves. The standard addresses boundaries of competence, intention to acquire the necessary competence in new and emerging areas, and need for continuing education. Board Professionals are expected to monitor their own effectiveness and be cognizant when their own problems are likely to harm a client or others. The standard addresses the ethical practice of advertising and obtaining clients. Guidelines for the use and misuse of Board Professional credentials are discussed. Finally, the Board Professional's responsibility to the public is addressed.

4.01 Standards Knowledge

- (a) Board Professionals have a responsibility to read, understand, and follow the CBADP Code of Ethics and the Standards of Practice.

4.02 Board Professional Competence

(a) Boundaries of Competence. Board Professionals practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate Board Professional experience. Board Professionals will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. This includes a recognition that Board Professionals have a need for continuing education to maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse and/or special populations with whom they work. The Board Professional respects the limits of present knowledge concerning alcoholism and drug abuse and communicates this to the client and the public.

(b) New Specialty Areas of Practice. Board Professionals practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, Board Professionals take steps to ensure the competence of their work and to protect others from possible harm. While developing new skills and specialties, clients are informed in a manner that is consistent with their treatment and care needs.

(c) Qualified for Employment. Board Professionals accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Board Professionals hire for professional counseling positions only individuals who are qualified and competent.

Acceptance of employment with disclosure of limitations and the agreement and acknowledgement of the agency in training to a level of competence is acceptable.

(d) Monitor Effectiveness. Board Professionals continually monitor their effectiveness as professionals and take steps to improve when necessary. Board Professionals in private practice take reasonable steps to seek out peer supervision to evaluate their efficacy as professionals.

(e) Ethical Issues Consultation. Board Professionals take reasonable steps to consult with other professionals or related professionals when they have questions regarding their ethical obligations or professional practice. (See 1.01.)

(f) Impairment. Board Professionals refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. Board Professionals should not allow private conduct to interfere with their ability to fulfill any and all professional responsibilities.

4.03 Advertising and Soliciting Clients

(a) Accurate Advertising. There are no restrictions on advertising by Board Professionals except those that can be specifically justified to protect the public from deceptive practices. Board Professionals advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Board Professionals may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation. Statements made concerning the nature of alcoholism and drug abuse, its natural history and treatment, shall be based on empirically validated information unless in the practice requisites of an integrated theoretical program.

(b) Testimonials. Board Professionals who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

(c) Statements by Others. Board Professionals make reasonable efforts to ensure that statements made by others about them or the profession of CD counseling and prevention are accurate.

(d) Recruiting Through Employment. Board Professionals do not use their places of employment or institutional affiliation to recruit or gain clients, trainees, or consultees for their private practices unless there are standard guidelines published or promulgated by their place of employment (See 4.05e).

(e) Products and Training Advertisements. Board Professionals who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for clients to make informed choices.

(f) Promoting to Those Served. Board Professionals do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. Board Professionals may adopt textbooks they have authored for instruction purposes.

(g) Professional Association Involvement. Board Professionals actively participate in local, state, and national associations that foster the development and improvement of their services.

4.04 Credentials

(a) Professionals should ensure that their representations to clients, agencies, and the public of their professional credentials, certifications, degrees, education, training, competence, affiliations, services provided or results to be achieved are accurate. Board Professionals should claim only those relevant professional credentials that they actually possess and not claim any they do not possess. Board Professionals must take steps to correct any inaccuracies or misrepresentations of their credentials by others. Board Professionals should speak on behalf of an organization or agency when they accurately represent the official and authorized position of said organization or agency.

(b) Credentials Claimed. Professionals claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, relevant professional memberships, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

(c) Credential Guidelines. Professionals follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

(d) Misrepresentation of Credentials. Professionals do not attribute more to their credentials than the credentials represent and do not imply that other professionals are not qualified because they do not possess certain credentials.

(e.) Doctoral Degrees From Other Fields. Professionals who hold a master's degree in counseling/chemical dependency/prevention or a closely related professional field, but hold a doctoral degree from other than substance-related field/counseling or other closely related

field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a professional that they hold a doctorate.

(f) Trainees present to the public, the court, and to clients their status as a Trainee. When a Trainee does provide testimony or statement in a court proceeding or document to the court, the Trainee does so under the direct supervision and presence of a certified counselor at a level consistent with current accreditation standards if work is completed for an accredited agency by the State of South Dakota or through an appropriate Tribal or Indian Health Service or related program. If a Trainee is employed in a non-accredited program, a professional at a minimum of Level II shall oversee all Trainee activities including all testimony proffered in any court proceedings.

(g) Testimony in Cases Involving the Limiting of Freedom or Other Rights and Privileges. Certified professionals with appropriate training offer testimony in regard to manners in which a person's freedom or alteration of rights and privileges including liberty may take place. A Trainee will not provide testimony of opinion or disclosure of opinion to the judiciary in hearings that could result in a client's loss of liberty. It is ethical in cases where a primary counselor was a Trainee for a Trainee's supervisor, Level II or Level III, to provide testimony and or other disclosure in cases related to sentencing, parole revocation, probation violation or similar type situations. If court ordered to testify, a Trainee should identify the supervisor that is present that oversees the testimony in question.

(h) Trainees that have dual credentials that allow independent practice in South Dakota will follow agency policies in regard to presentation of all credentials. A separate license or certification in South Dakota does not provide a trainee with competence to present to the public those opinions that are reserved for Board Professionals.

4.05 Public Responsibility

(a) Nondiscrimination. Board Professionals do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason (See 2.02.a). Board Professionals do not discriminate against or for clients, students or supervisees based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation or socio-economic status in a manner that has an impact on or access to benefits, advancement, grades, or availability of services in a manner that negatively impacts another individual.

(b) Sexual Harassment. Board Professionals do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature; that occurs in connection with professional activities or roles; and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and professionals know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

(c) Reports to Third Parties. Board Professionals are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, or to those who are the recipients of evaluation reports, and others. (See 3.01.g.)

(d) Media Presentations. When Board Professionals provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, printed articles, mailed material, or other media, they take reasonable precautions to ensure that (1) the statements are based on appropriate professional counseling literature and practice; (2)

the statements are otherwise consistent with this Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See 6.01.b)

(e) Unjustified Gains. Board Professionals do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See 4.03d).

Standard 5. Relationships With Employers/Employees

This standard describes the ethical relationship that the Board Professional has with Employers and Employees. This includes definition of roles, agreements, and other facets of the relationship(s). Ethical conduct by non-discrimination in hiring practices, and ensuring a non-exploitative relationship is described. The responsibilities of the Board Professional as Supervisor to Trainees are addressed, setting forth specific standards with respect to relationship boundaries. Finally, credit for research endeavors is described.

5.01 Relationships With Employers and Employees/Staff

(a) Role Definition. Board Professionals define and describe for their employers and employees the parameters and levels of their professional roles.

(b) Agreements. Board Professionals establish working agreements with supervisors, colleagues, and subordinates regarding services and therapeutic relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, work load, and accountability. Working agreements in each instance are specified and made known to those concerned.

(c) Negative Conditions. Board Professionals alert their employers to conditions that may be potentially disruptive or damaging to the Board Professional's professional responsibilities or conditions that may limit their effectiveness.

(d) Evaluation. Board Professionals submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

(e) In-Service Development. Board Professionals are responsible for in-service development of themselves and staff.

(f) Goals. Board Professionals inform their staff of goals and programs.

(g) Practices. Board Professionals implement personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Board Professionals strive to maintain the highest levels of professional services and follow the agency policies and procedures.

(h) Personnel Selection and Assignment. Board Professionals select competent staff and assign responsibilities compatible with the staff skills and experiences and with the skills and competencies of the supervisor.

(i) Discrimination. Board Professionals, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See 2.02.a and 4.05b.)

(j) Board Professional Conduct. Board Professionals have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

(k) Exploitative Relationships. Board Professionals shall not in any way exploit relationships with supervisees, employees, students, research participants, or volunteers.

(l) Employer Policies. The acceptance of employment in an agency or institution implies that

Board Professionals are in agreement with its general policies and principles. Board Professionals strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

5.02 Professional Education and Training

(a) Board Professionals who are responsible for developing, implementing, and supervising educational programs are skilled as teachers or prevention specialists and/or practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession, are skilled in applying that knowledge, and make students and trainees aware of their responsibilities. Board Professionals conduct professional education and training programs in an ethical manner and serve as role models for professional behavior. Board Professional educators should make an effort to infuse material related to human diversity and cultural competency into all courses and/or workshops that are designed to promote the development of Board Professionals.

5.03 Professional Supervision

(a) Relationship Boundaries With Students and Trainees. Board Professionals clearly define and maintain ethical, professional, and social relationship boundaries with their students and trainees. Board Professionals are aware of the differential in power that exists and the student's or trainees possible incomprehension of that power differential. Board Professionals explain to students and trainees the potential for the relationship to become exploitative. (See 2.05.b.)

(b) Sexual Relationships. Board Professionals do not engage in sexual relationships with their students or trainees and do not subject them to sexual harassment. (See 4.05.b.)

(c) Close Relatives. Board Professionals do not accept close relatives as students or trainees; accordingly, supervision received under the care of a close relative will not generally be considered substantial training/supervision for garnering hours related to certification or upgrade.

(d) Supervision Preparation. Board Professionals who offer clinical supervision services are adequately prepared in supervision methods and techniques.

(e) Responsibility for Services to Clients. Board Professionals who supervise the services of others take reasonable measures to ensure that services provided to clients are professional.

(f) Endorsement. Board Professionals do not endorse students or trainees for certification, licensure, employment, or completion of an academic or training program if they believe students or trainees are not qualified for the endorsement. Board Professionals take reasonable steps to assist students or trainees who are not qualified for endorsement to become qualified.

(g) Field Placements. Board Professionals develop clear policies within their training program regarding field placement and other clinical experiences. Board Professionals provide clearly stated roles and responsibilities for the student or trainee, the site supervisor, and the program supervisor.

(h) Dual Relationships as Supervisors. Board Professionals avoid dual relationships such as performing the role of site supervisor and training program supervisor in the student or trainee's training program. Board Professionals do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or trainee placement; however, persons upgrading to advanced levels, after Level I, may engage professional supervision services for a fee.

An individual seeking CPS standing may engage another CPS in professional supervision services for a fee.

(i) Services for Students and Trainees. If students or trainees request personal growth, counseling, or therapy services for personal issues, supervisors or professional educators provide them with acceptable referrals. Supervisors or professional educators do not serve as professional therapists or counselors to students or trainees over whom they hold administrative, teaching, or evaluative roles unless the role is brief and associated with a training experience. (See 2.05.b.)

(j) Clients of Students and Trainees. Board Professionals make every effort to ensure that the clients at field placements are aware of the services rendered and the qualifications of the students and trainees rendering those services. Clients receive professional disclosure information and are informed of the limits of confidentiality. Client permission is obtained in order for the students and trainees to use any information concerning the relationship in the training process. (See 3.01.h.)

(k) Standards for Students and Trainees. Students and trainees preparing to become professionals adhere to the CBADP Code of Ethics and the Standards of Practice. Students and trainees have the same obligations to clients as those required of professionals. (See 1.01.)

5.04 Research and Publication Credit

(a) Contributions to Research. Board Professionals give credit to students or trainees for their contributions to research and scholarly projects. Credit is given through co-authorship, acknowledgment, footnote statement, or other appropriate means, in accordance with such contributions. (See 8.05.b and 8.05.c.)

Standard 6. Relationships With Other Professionals

This standard describes the Board Professional's relationship with other professionals including the responsibility of the Board Professional to respect different service approaches. Board Professionals strive to maintain positive and collaborative relationships and this includes consulting relationships. The ethical behavior in the consulting relationship is described including fees arrangements and subcontractor relationships.

6.01 Responsibility to Other Professionals

(a) Different Approaches. Board Professionals are respectful of approaches to professional services that differ from their own. Board Professionals know and take into account the traditions and practices of other professional groups with which they work.

(b) Personal Public Statements. When making personal statements in a public context, Board Professionals clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all Board Professionals or the profession unless designated to do so by state regulatory bodies, professional licensing or certification boards, or within a context of their work environment in public education when such a statement is considered inappropriate. (See 4.05.d.)

(c) Clients Served by Others. When Board Professionals learn that their clients are in a professional relationship with another substance abuse/mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See 2.04.)

6.02 Consultation (See 3.06.)

- (a) Consultation With Other Professionals. Board Professionals may choose to consult with any other professionally competent persons about their clients. In choosing consultants, Board Professionals avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the professional's efforts to help the client. Should Board Professionals be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.
- (b) Consultant Competency. Professionals are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.
- (c) Understanding With Clients. When providing consultation, Board Professionals attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.
- (d) Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See 2.01.b.)

6.03 Fees for Referral

- (a) Accepting Fees From Agency Clients. Board Professionals refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the Board Professional's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private services. (See 2.07.a, 2.08.b, and 4.03d.)
- (b) Referral Fees. Board Professionals do not accept a referral fee from other professionals.

6.04 Subcontractor Arrangements

- (a) When Board Professionals work as subcontractors for services rendered to a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on professionals in providing services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See 3.01.e and 3.01.f.)

Standard 7. Evaluation, Assessment, and Interpretation

This section explains the purpose of assessment and the need for promotion of the best interests of the client during the assessment process. The Board Professionals' responsibility regarding competence in use and interpretation of tests, as well as test selection and test scoring is addressed. The Board Professional has an ethical responsibility to ensure that informed consent is obtained; that proper releases of information are obtained; and that agency policy and procedures are followed as detailed by this standard.

7.01 Purpose of Assessment

- (a) Appraisal Techniques. The primary purpose of substance abuse assessment as well as educational and psychological assessment is to provide measures that are objective and interpretable in either comparative or absolute terms. Board Professionals recognize the need to interpret the statements in this section as applying to the whole range of appraisal techniques, including test and non-test data. Only scientifically validated or empirically validated test instruments should be used in the appraisal.

(b) Client Welfare. Board Professionals promote the welfare and best interests of the client in the development, publication, and utilization of substance abuse and educational and psychological assessment techniques. They do not misuse assessment results and interpretations and take reasonable steps to prevent others from misusing the information these techniques provide. They respect the client's right to know the results, the interpretations made, and the bases for their conclusions and recommendations.

7.02 Competence to Use and Interpret Tests

(a) Limits of Competence. Board Professionals recognize the limits of their competence and perform only those testing and assessment services for which they have been trained. They are familiar with reliability, validity, related standardization, error of measurement, and proper application of any technique utilized. Board Professionals using computer-based test interpretations are trained in the construct being measured and the specific instrument being used prior to using the particular type of computer application. Board Professionals take reasonable measures to ensure the proper use of any chemical dependence, educational, or psychological assessment techniques by persons under their supervision.

(b) Appropriate Use. Board Professionals are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use computerized or other services.

(c) Decisions Based on Results. Board Professionals responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of substance use, educational and psychological measurement, including validation criteria, test research, and guidelines for test development and use.

(d) Accurate Information. Professionals provide accurate information and avoid false claims or misconceptions when making statements about assessment instruments or techniques. Special efforts are made to avoid unwarranted connotations of such terms as "alcoholism," "child of alcoholic," or with psychological and educational measures such as IQ and grade equivalent scores. (See 4.05.c.)

(e) Computer Scored Tests. Board Professionals who rely on computer-scored inventories that provide a signature line should make every attempt to edit those inventories and integrate the findings with other relevant client information.

7.03 Informed Consent

(a) Explanation to Clients. Prior to assessment, Board Professionals explain the nature and purposes of assessment and the specific use of results in language the client (or other legally authorized person on behalf of the client) can understand, unless an explicit exception to this right has been agreed upon in advance. Regardless of whether scoring and interpretation are completed by Board Professionals, assistants, or computer or other outside services, Board Professionals take reasonable steps to ensure appropriate explanations are given to the client.

(b) Recipients of Results. The examinee's welfare, explicit understanding, and prior agreement determine the recipients of test results. Board Professionals include accurate and appropriate interpretations with any release of individual or group test results. (See 3.01.a. and 4.05.c.)

7.04 Release of Information to Competent Board Professionals

(a) Misuse of Results. Board Professionals do not misuse assessment results, including test results and interpretations and take reasonable steps to prevent the misuse of such by others. (See 4.05.c.)

(b) Release of Raw Data. Board Professionals ordinarily release data (e.g., protocols, counseling or interview notes, or questionnaires) in which the client is identified only with the consent of the client or the client's legal representative. Such data are usually released only to persons recognized by Board Professionals as competent to interpret the data. (See 3.01.a.)

7.05 Proper Diagnosis of Substance Abuse/Dependency Disorders, Gambling Disorders, and Mental Disorders

(a) Proper Diagnosis. Board Professionals take special care to provide proper diagnosis of substance abuse/dependency disorders, gambling disorders and mental disorders. Assessment techniques (including personal interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used. (See 2.03.a and 4.05.c.)

(b) Cultural Sensitivity. Board Professionals recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experience is considered when diagnosing substance abuse problems, mental disorders, and related academic and education deficits.

(c) Disadvantaged and/or disabled. Board Professionals use appropriate diagnostic skills in assessing persons who are significantly disadvantaged or who have an identifiable seen or unseen disability.

7.06 Test Selection

(a) Appropriateness of Instruments. Board Professionals carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting tests for use in a given situation or with a particular client.

(b) Culturally Diverse Populations/Special populations. Board Professionals are cautious when selecting tests for culturally diverse or special populations to avoid inappropriateness of testing that may be outside of socialized behavioral or cognitive patterns.

7.07 Conditions of Test Administration

(a) Administration Conditions. Board Professionals administer tests under the same conditions that were established in their standardization. When tests are not administered under standard conditions or when unusual behavior or irregularities occur during the testing session, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

(b) Computer Administration. Board Professionals are responsible for ensuring that administration programs function properly to provide clients with accurate results when a computer or other electronic methods are used for test administration. (See 2.10.b.)

(c) Unsupervised Test Taking. Board Professionals do not permit unsupervised or inadequately supervised use of tests or assessments unless the tests or assessments are designed, intended, and validated for self-administration and/or scoring.

(d) Disclosure of Favorable Conditions. Prior to test administration, conditions that produce most favorable test results are made known to the examinee.

7.08 Diversity in Testing

(A) Board Professionals are cautious in using assessment techniques, making evaluations, and interpreting the performance of populations not represented in the norm group on which an instrument was standardized. They recognize the effects of age, color, culture, disability,

ethnic group, gender, race, religion, sexual orientation, and socioeconomic status on test administration and interpretation and place test results in proper perspective with other relevant factors. (See 2.02.a.)

7.09 Test Scoring and Interpretation

(a) Reporting Reservations. In reporting assessment results, Board Professionals indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessment or the inappropriateness of the norms for the person tested.

(b) Research Instruments. Board Professionals exercise caution when interpreting the results of research instruments possessing insufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

(c) Testing Services. Board Professionals who provide test scoring and test interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee; however, the ultimate and overriding responsibility is to the client or to the person or group that receives services.

7.10 Test Security

(a) Board Professionals maintain the integrity and security of tests and other assessment techniques consistent with legal and contractual obligations. Board Professionals do not appropriate, reproduce, or modify published tests or parts thereof without acknowledgment and permission from the publisher.

7.11. Obsolete Tests and Outdated Test Results

(a) Board Professionals do not use data or test results that are obsolete or outdated for the current purpose. Board Professionals make every effort to prevent the misuse of obsolete measures and test data by others.

7.12. Test Construction

(a) Board Professionals use established scientific procedures, relevant standards, and current professional knowledge for test design in the development, publication, and utilization of educational and psychological assessment techniques.

Standard 8. Research and Publication

This standard addresses research responsibilities including obtaining informed consent, the reporting of results and publication of results.

8.01 Research Responsibilities

(a) Use of Human Subjects. Board Professionals plan, design, conduct, and report research in a manner consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research with human subjects. Board Professionals design and conduct research that reflects cultural sensitivity appropriateness.

(b) Deviation From Standard Practices. Board Professionals seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard acceptable practices. (See 3.06.)

- (c) Precautions to Avoid Injury. Board Professionals who conduct research with human subjects are responsible for the subjects' welfare throughout the experiment and take reasonable precautions to avoid causing injurious psychological, physical, or social effects to their subjects.
- (d) Principal Researcher Responsibility. The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and full responsibility for their own actions.
- (e) Minimal Interference. Board Professionals take reasonable precautions to avoid causing disruptions in subjects' lives due to participation in research.
- (f) Diversity. Board Professionals are sensitive to diversity and research issues with special populations. They seek consultation when appropriate. (See 2.02.a and 3.06.a, e.)
- (g) Sexual, Monetary or other exploitation. Board Professionals engaged in research do not exploit, seek monetary compensation from subjects, or utilize information gathered to exploit a subject for the professional's gain.

8.02 Informed Consent

- (a) Topics Disclosed. In obtaining informed consent for research, Board Professionals use language that is understandable to research participants and that (1) accurately explains the purpose and procedures to be followed; (2) identifies any procedures that are experimental or relatively untried; (3) describes the attendant discomforts and risks; (4) describes the benefits or changes in individuals or organizations that might be reasonably expected; (5) discloses appropriate alternative procedures that would be advantageous for subjects; (6) offers to answer any inquiries concerning the procedures; (7) describes any limitations on confidentiality; and (8) instructs that subjects are free to withdraw their consent and to discontinue participation in the project at any time. (See 3.01.f.)
- (b) Deception. Board Professionals do not conduct research-involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. When the methodological requirements of a study necessitate concealment or deception, the investigator is required to explain clearly the reasons for this action as soon as possible.
- (c) Voluntary Participation. Participation in research is typically voluntary and without any penalty for refusal to participate. Involuntary participation is appropriate only when it can be demonstrated that participation will have no harmful effects on subjects and is essential to the investigation.
- (d) Confidentiality of Information. Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent. (See 3.01.e)
- (e) Persons Incapable of Giving Informed Consent. When a person is incapable of giving informed consent, Board Professionals provide an appropriate explanation, obtain agreement for participation, and obtain appropriate consent from a legally authorized person.
- (f) Commitments to Participants. Board Professionals take reasonable measures to honor all commitments to research participants.
- (g) Explanations After Data Collection. After data are collected, Board Professionals provide participants with full clarification of the nature of the study to remove any misconceptions. Where scientific or human values justify delaying or withholding information, professionals take reasonable measures to avoid causing harm.

(h) Agreements to Cooperate. Board Professionals who agree to cooperate with another individual in research or publication incur an obligation to cooperate as promised in terms of punctuality of performance and with regard to the completeness and accuracy of the information required.

(i) Informed Consent for Sponsors. In the pursuit of research, Board Professionals give sponsors, institutions, and publication channels the same respect and opportunity for giving informed consent that they accord to individual research participants. Board Professionals are aware of their obligation to future research workers and ensure that host institutions are given feedback information and proper acknowledgement.

8.03 Reporting Results

(a) Information Affecting Outcome. When reporting research results, Board Professionals explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data.

(b) Accurate Results. Board Professionals plan, conduct, and report research accurately and in a manner that minimizes the possibility that results will be misleading. They provide thorough discussions of the limitations of their data and alternative hypotheses. Board Professionals do not engage in fraudulent research, distort data, misrepresent data, or deliberately bias their results.

(c) Obligation to Report Unfavorable Results. Board Professionals communicate to other professionals the results of any research judged to be of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

(d) Identity of Subjects. Board Professionals who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective subjects in the absence of specific authorization from the subjects to do otherwise. (See 3.01.g and 3.05.a.)

(e) Replication Studies. Board Professionals are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

8.04 Agency Research and Publication.

(a) Standards 8.01-8.03 do not specifically apply to research conducted on files of clients, projects, or through historical research on databases gathered at funding or oversight sources.

8.05 Publication

(a) Recognition of Others. When conducting and reporting research, Board Professionals are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due. (See 5.04.a. and 8.05.c.)

(b) Contributors. Board Professionals give credit through joint authorship, acknowledgement, footnote statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first and minor technical or professional contributions are acknowledged in notes or introductory statements.

(c) Student Research. For an article that is substantially based on a student's specialized project, thesis, dissertation or student-funded research project where the student is the principal investigator, the student is listed as the principal author. (See 5.04.a and 8.05.a.)

(d) Duplicate Submission. Board Professionals submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in another

journal or published work are not submitted for publication without acknowledgement and permission from the previous publication.

(e) Professional Review. Board Professionals who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it.

PART II: STANDARDS OF PRACTICE

CERTIFICATION BOARD FOR ALCOHOL AND DRUG PROFESSIONALS

All Certified Professionals or Trainees are required to adhere to the Code of Ethics and the Standards of Practice. The Standards of Practice represent minimal behavioral statements of the Code of Ethics. Members should refer to the applicable section of these Codes for further interpretation and amplification of the applicable Standard of Practice.

These Standards are promulgated for Board Professionals and are germane to the types of services provided by Prevention and Chemical Dependency professionals in the normal course of their work.

SECTION A: The Counseling Relationship

Standard of Practice One (SP-1): Nondiscrimination. Professionals respect diversity and must not discriminate against clients because of age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status.

Standard of Practice Two (SP-2): Disclosure to Clients. Board Professionals must adequately inform clients, preferably in writing, regarding the counseling process and counseling relationship at or before the time it begins and throughout the relationship. (See A.3.a.)

Standard of Practice Three (SP-3): Dual Relationships. Professionals must make every effort to avoid dual relationships with clients that could impair their professional judgment or increase the risk of harm to clients. When a dual relationship cannot be avoided, professionals must take appropriate steps to ensure that judgment is not impaired and that no exploitation occurs.

Standard of Practice Four (SP-4): Sexual Intimacies With Clients. Professionals must not engage in any type of sexual intimacies with current clients and must not engage in sexual intimacies with former clients within a reasonable timeframe, generally that timeframe will not be less than two (2) years after terminating the counseling relationship. The termination in any case must not have been for the designed purpose to begin a two year waiting period so that a relationship could pursue or for any variant of intent to pursue a relationship on behalf of either the professional or client. Professionals who engage in such relationship after two (2) years following termination have the responsibility to examine and document thoroughly that such relations do not have an exploitative nature.

Standard of Practice Five (SP-5): Protecting Clients During Group Work. Professionals must take steps to protect clients from physical or psychological trauma resulting from interactions during group work.

Standard of Practice Six (SP-6): Advance Understanding of Fees. Professionals must explain to clients, the counseling relationship, financial arrangements related to professional services.

Standard of Practice Seven (SP-7): Termination. Professionals must assist in making appropriate arrangements for the continuation of treatment of clients, when necessary, following termination of counseling relationships.

Standard of Practice Eight (SP-8): Inability to Assist Clients. Professionals must avoid entering or immediately terminate a counseling relationship if it is determined that they are unable to be of professional assistance to a client. The counselor may assist in making an appropriate referral for the client.

SECTION B: Confidentiality

Standard of Practice Nine (SP-9): Confidentiality Requirement. Counselors must keep information related to counseling services confidential unless disclosure is in the best interest of clients, is required for the welfare of others, or is required by law. When disclosure is required, only information that is essential is revealed and the client is informed of such disclosure. A Subpoena is not considered an adequate instrument of disclosure. Court Orders that are in concert with related 42 CFR sections may be considered an adequate instrument of disclosure if in receipt by the counselor and in written form. The receipt of a judicially based verbal order for disclosure within an acceptable hearing related to a substance abuse record should be documented in the counseling record and/or pertinent agency file(s).

Standard of Practice Ten (SP-10): Confidentiality Requirements for Subordinates. Counselors must take measures to ensure that privacy and confidentiality of clients are maintained by subordinates.

Standard of Practice Eleven (SP-11): Confidentiality in Group Work. Counselors must clearly communicate to group members that confidentiality cannot be guaranteed in group work.

Standard of Practice Twelve (SP-12): Confidentiality in Family Counseling. Counselors must not disclose information about one family member in counseling to another family member without prior consent. Information discussed during a family session can have disclosure revoked at a later time.

Standard of Practice Thirteen (SP-13): Confidentiality of Records. Counselors must maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of counseling records whether in paper, electronic, digital, analog or other form.

Standard of Practice Fourteen (SP-14): Permission to Record or Observe. Counselors must obtain prior consent from clients in order to make an electronic record of a session or observe a session through an auditory or visual listening or viewing device. Written permission dominates verbal permission.

Standard of Practice Fifteen (SP-15): Disclosure or Transfer of Records. Counselors must obtain client consent to disclose or transfer records to third parties, unless exceptions listed in other parts of this code or SP exist.

Standard of Practice Sixteen (SP-16): Data Disguise Required. Counselors must disguise the identity of the client when using data for training (other than in agency staffing training within the guidelines of the agency), research, or publication.

SECTION C: Professional Responsibility

Standard of Practice Seventeen (SP-17): Boundaries of Competence. Counselors must practice only within the boundaries of their competence.

Standard of Practice Eighteen (SP-18): Continuing Education. Counselors must engage in continuing education to maintain their professional competence.

Standard of Practice Nineteen (SP-19): Impairment of Professionals. Counselors must refrain from offering professional services when their personal problems or conflicts may cause harm to a client or others.

Standard of Practice Twenty (SP-20): Accurate Advertising. Counselors must accurately represent their credentials and services when advertising. Advertising is considered both an explicit activity and an implicit activity of presentation in formal and informal settings.

Standard of Practice Twenty-One (SP-21): Recruiting Through Employment. Counselors must not use their place of employment or institutional affiliation to recruit clients for their private practices.

Standard of Practice Twenty-Two (SP-22): Credentials Claimed. Counselors must claim or imply only professional credentials possessed and must correct any known misrepresentations of their credentials by others.

Standard of Practice Twenty-Three (SP-23): Sexual Harassment. Counselors must not engage in sexual harassment of any individual or those activities within the community that could be construed or defined as sexual harassment.

Standard of Practice Twenty-Four (SP-24): Unjustified Gains. Counselors must not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services.

Standard of Practice Twenty-Five (SP-25): Clients Served by Others. With the consent of the client, counselors must inform other mental health professionals serving the same client that a counseling relationship between the counselor and client exists.

Standard of Practice Twenty-Six (SP-26): Negative Employment Conditions. Counselors must alert their employers to institutional policy or conditions that may be potentially disruptive or damaging to the counselor's professional responsibilities or that may limit their effectiveness or deny clients' rights.

Standard of Practice Twenty-Seven (SP-27): Personnel Selection and Assignment.

Counselors must select competent staff and must assign responsibilities compatible with staff skills and experiences.

Standard of Practice Twenty-Eight (SP-28): Exploitative Relationships with

Subordinates. Counselors must not engage in exploitative relationships with individuals, over whom they have supervisory, evaluative, or instructional control or authority.

SECTION D: Relationship With Other Professionals

Standard of Practice Twenty-Nine (SP-29): Accepting Fees From Agency Clients.

Counselors must not accept separate fees or other remuneration for consultation with persons entitled to such services through the counselor's employing agency or institution.

Standard of Practice Thirty (SP-30): Referral Fees. Counselors must not accept referral fees.

SECTION E: Evaluation, Assessment and Interpretation

Standard of Practice Thirty-One (SP-31): Limits of Competence. Counselors must perform only testing and assessment services for which they are competent. Counselors must not allow the use of assessment techniques by unqualified persons under their supervision; however, supervision to develop competency is warranted.

Standard of Practice Thirty-Two (SP-32): Appropriate Use of Assessment Instruments.

Counselors must use assessment instruments in the manner for which they were intended or through a manner in which peer review or consultation has taken place.

Standard of Practice Thirty-Three (SP-33): Assessment Explanations to Clients.

Counselors must provide explanations to clients prior to assessment about the nature and purposes of assessment and the specific uses of results.

Standard of Practice Thirty-Four (SP-34): Recipients of Test Results.

Counselors must ensure that accurate and appropriate interpretations accompany any release of testing and assessment information.

Standard of Practice Thirty-Five (SP-35): Obsolete Tests and Outdated Test Results.

Counselors must not base their assessment or intervention decisions or recommendations on data or test results that are obsolete or outdated for the current purpose.

SECTION F: Teaching, Training, and Supervision

Standard of Practice Thirty-Six (SP-36): Sexual Relationships With Students or Supervisees. Board Professionals must not engage in sexual relationships with their students and/or supervisees.

Standard of Practice Thirty-Seven (SP-37): Credit for Contributions to Research. Counselors must give credit to students or supervisees for the latter's contributions to research and scholarly projects.

Standard of Practice Thirty-Eight (SP-38): Supervision Preparation. Counselors who offer clinical supervision services must be trained and prepared in supervision methods and techniques.

Standard of Practice Thirty-Nine (SP-39): Evaluation Information. Counselors must clearly state to students and supervisees in advance of training the levels of competency expected, appraisal methods, and timing of evaluations. Counselors must provide students and supervisees with periodic performance appraisal and evaluation feedback throughout the training program.

Standard of Practice Forty (SP-40): Peer Relationships in Training. Counselors must make every effort to ensure that the rights of peers are not violated when students and supervisees are assigned to lead counseling groups or provide clinical supervision.

Standard of Practice Forty-One (SP-41): Limitations of Students and Supervisees. Counselors must assist students and supervisees in securing remedial assistance, when needed, and must dismiss from the training program students and supervisees who are unable to provide competent service due to academic or personal limitations. Counselors must further provide reasonable accommodations for their students and supervisees if a disability has limited their ability to perform essential job functions.

Standard of Practice Forty-Two (SP-42): Self-Growth Experiences. Counselors who conduct experiences for students or supervisees that include self-growth or self-disclosure must inform participants of counselors' ethical obligations to the profession and must not grade participants based on their non-academic performance. Disclosures in mandated journalizing of supervisees and or students related to personal self-growth activities likewise constitute non-academic performance.

Standard of Practice Forty-Three (SP-43): Standards for Students and Supervisees. Students and supervisees preparing to become counselors must adhere to the Code of Ethics and the Standards of Practice of counselors.

SECTION G: Research and Publication

Standard of Practice Forty-Four (SP-44): Precautions to Avoid Injury in Research.

Counselors must avoid causing physical, social, or psychological harm or injury to subjects in research.

Standard of Practice Forty-Five (SP-45): Confidentiality of Research Information.

Counselors must keep confidential information obtained about research participants.

Standard of Practice Forty-Six (SP-46): Information Affecting Research Outcome.

Counselors must report all variables and conditions known to the investigator that may have affected research data or outcomes.

Standard of Practice Forty-Seven (SP-47): Accurate Research Results. Counselors must not distort or misrepresent research data nor fabricate or intentionally bias research results.

Standard of Practice Forty-Eight (SP-48): Publication Contributors. Counselors must give appropriate credit to those who have contributed to research.

SECTION H: Resolving Ethical Issues

Standard of Practice Forty-Nine (SP-49): Ethical Behavior Expected. Counselors must take appropriate action when they possess reasonable cause that raises doubts as to whether counselors or other mental health professionals are acting in an ethical manner.

Standard of Practice Fifty (SP-50): Unwarranted Complaints. Counselors must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm a mental health professional rather than to protect clients or the public.

Standard of Practice Fifty-One (SP-51): Documentation of Consultation among Professionals. Consultation with other professionals and documentation of consultations are standards of practice in resolving ethical questions, clarifying appropriate actions, or other concerns that are encountered in professional activities.

SECTION I: Practice Concerns

Standard of Practice Fifty-Two (SP-52): Testimony in Cases Involving the Limiting of Freedom or Other Rights and Privileges. Trainees will not provide testimony of opinion or disclosure of opinion to the judiciary in hearings that could result in a client's loss of liberty. It is ethical in cases where a primary counselor was a Trainee for that Trainee's supervisor, Level II or Level III, to provide testimony and or other disclosure in cases related to sentencing, parole revocation, probation violation or similar situations. If compelled to testify, Trainees will identify the presence of the Supervisor in the court or hearing room and will disclose their status as a Chemical Dependence Trainee. It is ethical for the Trainee to disclose other professional credentials.

Standard of Practice Fifty-Three (SP-53): Influence by Outside Agency on Treatment Planning or Termination from Program. Counselors will resist influence by outside agencies in regard to setting treatment goals and/or objectives or the termination for non-compliance with treatment by direct influence or by the requirement of adherence to rules or standards that are not within acceptable practice related to a client's behavioral change, cognitive growth, or related personal development.

Standard of Practice Fifty-Four (SP-54): Accepting Gifts from Clients. Encouragement for clients to provide gifts or presents to a counselor or agency is not a standard of practice. Due caution and care when a client presents a gift or present is advised or documentation in the case record is appropriate. Agency or individual practice policy should be followed.

PART III: PROFESSIONAL CODE OF ETHICS FOR CERTIFIED PROFESSIONALS (IC&RC)

The Board promulgates and publishes codes and standards of ethical behavior related to the practice of Prevention and Chemical Dependency Counseling. The Professional Code of Ethics for Certified Professionals applies equally to all Board Professionals including individuals in the process of applying for certification.

The CBADP believes that all people have rights and responsibilities through every stage of human development. The goal of the CBADP Code(s) is to provide a framework that guides alcohol and drug abuse professionals in their behavior as they treat individuals, communities, and groups with the dignity, honor, respect and reverence that are fitting to those that receive services.

The Board directive are derived from the above ethical principals and entitles human beings to the physical, social, psychological, spiritual and emotional care necessary to meet individual needs in their learning, recovery and rehabilitation process. Board Professionals have a responsibility to adhere to the following guiding principles as a professional code and to all other codes and standards adopted and promulgated by the Board.

1. That I have a total commitment to provide the highest quality care for those people who seek my professional services.
2. That I will dedicate myself to the best interests of clients and to assist them to help themselves.
3. That at all times, I shall maintain a professional relationship with clients.
4. That I will be willing, when I recognize that it is in the best interest of the clients, to release or refer them to another program or individual.
5. That I shall adhere to the laws of confidentiality and professional responsibility of all records, materials and knowledge concerning clients.
6. That I shall not in any way discriminate against clients or professionals.
7. That I shall respect the rights and views of other professionals and clients.
8. That I shall maintain respect for institutional policies and management functions within agencies and institutions, but I shall take the initiative toward improving such policies if it will best serve the interest of clients.

9. That I have a commitment to assess my own personal strengths, limitations, biases and effectiveness on a continuing basis; that I shall continuously strive for self-improvement and professional growth through further education and/or training.
10. That I have a responsibility for appropriate behavior in all areas of my professional and private life to provide a positive role model especially in regard to the personal use of alcohol or other drugs.
11. That I have a responsibility to myself, my clients, and other associates to maintain my physical and mental health.
12. That I respect the clients' right to worship or not, according to their conscience and beliefs and that I will not impose my own beliefs, values, or standards upon them.
13. That I have a professional responsibility to understand and appreciate different cultures for persons who are or may be in my care or are recipients of my professional services. I will demonstrate sensitivity to cultural differences in my professional practices.
14. That I have regard for any individual's needs and rights to equal protection and due process under the laws of the State of South Dakota.

Private conduct is a personal matter, except when such conduct compromises the fulfillment of professional responsibilities or may endanger the health or safety of clients who are or may be under the professional's care.

As a professional, there is a responsibility to take actions that may include a requirement to report, whether obvious or perceived, ethical violations or concerns related to other professionals or persons representing themselves in the profession or in activities that are within the Board's cognizance. If there is a known violation of the Codes adopted or promulgated by the Board or of rules under the cognizance of the Board, Certified Professionals and Trainees will follow the process of resolution of ethical violations as outlined in the various CBADP Code and Standards.

Any violation of the principles will be grounds for disciplinary action and sanctions by the Certification Board for Alcohol and Drug Professionals.

PART IV: PROFESSIONAL CODE OF ETHICAL CONDUCT FOR PREVENTION SPECIALISTS

The practice of alcohol, tobacco and other drug prevention is based on shared knowledge, skills and values. The following ethical standards shall govern the professional's daily involvement in prevention activities and emphasize the professional concern for the rights and interests of the consumer/client. Chemical Dependency Counselors Level II, and Level III that supervise Prevention Specialist Trainees / Prevention Specialist Trainees will adhere to the Prevention Specialist Code of Ethical Conduct. It is expected that all Certified Professionals and Trainees if providing prevention services, including those of research based prevention activities, will follow all recognized Codes of Ethics under the cognizance of the Board.

RESPONSIBILITIES

Prevention Specialists have a responsibility to maintain objectivity, integrity and the highest standards in delivering prevention services.

1. Prevention Specialists shall operate at the highest level of honesty and professionalism and will strive to deliver high quality services, holding the best interest of the public first.
2. Prevention Specialists shall recognize their primary obligation to promote the health and well being of individuals, families and communities in order to prevent chemical abuse and dependency.
3. Prevention Specialists shall recognize their personal competence and not operate beyond their skill or training level and be willing to refer to another individual or program when appropriate.
4. Prevention Specialists shall be committed to upgrading their knowledge and skills through ongoing education and training.
5. Prevention Specialists have a responsibility to understand and appreciate different cultures and will demonstrate sensitivity to cultural differences in professional practices.

NON-DISCRIMINATION

The Prevention Specialist shall not discriminate against individuals, the public, or others in the delivery of services on the basis of race, color, gender, religion, national origin, ancestry, age or against persons with disabilities.

Prevention Specialists shall not engage in any behavior involving professional conduct that encourages, condones or promotes discrimination and will strive to protect the rights of individuals.

ADHERENCE TO STATE AND FEDERAL LAWS AND RULES

Prevention Specialists shall protect client rights and insure confidentiality by adhering to all state and federal laws and rules.

- Prevention Specialists will not participate in or condone any illegal activity, including the use of illegal chemicals, or the possession, sale or distribution of illegal chemicals.
- Prevention Specialists shall not participate in, condone or be an accessory to dishonesty, fraud, deceit or misrepresentation.
- Prevention Specialists will adhere to mandatory reporting procedures related to abuse, neglect, or misconduct by individuals and/or agencies in accordance with state and federal laws and regulations.
- Prevention Specialists shall assume responsibility to report the incompetent and unethical practices of other professionals.

PERSONAL CONDUCT AND PROFESSIONAL COMPETENCY

Prevention Specialists shall have a responsibility to model and promote a healthy life-style and well being by low risk or no use of alcohol, tobacco and/or other mood-altering chemicals. In addition, Prevention Specialists have a responsibility to maintain sound mental health to prevent the impairment of professional judgment and performance.

- Prevention Specialists will not exhibit gross incompetence, unprofessional or dishonorable conduct or any other act that would be a substantial deviation from the standards ordinarily possessed by professional peers.
- They shall not fail to recognize the personal boundaries and limitations of their professional competence and practice by offering services beyond the scope of their personal competencies or expertise.
- Prevention Specialists will utilize resources for support, growth and professional development.
- Prevention Specialists will strive to maintain and promote the integrity of Certification within the State of South Dakota, Nationally and Internationally and the advancement of the Prevention Specialist Profession.

PUBLIC WELFARE

Prevention Specialists will maintain an objective, non-possessive relationship with those they serve and not exploit them sexually, financially, or emotionally.

- Prevention Specialists will actively discourage any dependency upon themselves for the personal satisfaction of any physical, psychological, emotional or spiritual need.
- Prevention Specialists shall accurately represent their qualifications and affiliations.

- Prevention Specialists shall discontinue services when they are no longer appropriate and will refer the public to programs or individuals with the client's welfare as the primary consideration.
- Prevention Specialists shall not impede an individual's access to competent, professional care.
- Prevention Specialists will respect the rights and views of other professionals and agencies and should treat colleagues with respect, courtesy and fairness.
- Prevention Specialists will not promote personal gain or the profit of an agency or commercial enterprise of any kind.
- Professional remuneration and financial arrangements will adhere to professional practices and standards that safeguard the best interests of the public and profession.

PROFESSIONAL PUBLICATIONS AND PUBLIC STATEMENTS

Prevention Specialists will respect the limits of present knowledge and shall assign credit to all who have contributed to published materials, professional papers, videos/films, pamphlets or books.

- Prevention Specialists will act to preserve the integrity of the profession by acknowledging and documenting any materials, techniques or people used in creating their opinions, papers, books, etc.
- Prevention Specialists will adhere to copyright laws and seek approval for the use of such materials.

PUBLIC POLICY TO MAINTAIN AND IMPROVE ATOD CONTINUUM OF CARE

Prevention Specialists will take the initiative to support, promote and improve the delivery of high quality services in the professional continuum of care (prevention, intervention, treatment and aftercare) including those venues that are not traditionally considered prevention activities.

- Prevention Specialists shall advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use and other drug abuse and addictions, promoting the well being of all human beings.
- Prevention Specialists will actively participate in the public awareness of the effects of tobacco, alcoholism and other drug addictions and should act to ensure all persons, especially the disadvantaged, have access to the necessary resources and services.

The Prevention Specialist will uphold and promote the integrity of the profession by adhering to and reporting violations of the Code of Ethical Conduct. Violations of the principles will be grounds for disciplinary action and sanctions.